

# Pediatricians screen more kids for mental health issues if they receive hands-on support

January 3 2018, by Kathleen R. Lee

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Lee Beers, M.D., serves as medical director for Municipal and Regional Affairs at the Child Health Advocacy Institute, part of Children's National Health System. Credit: Children's National Health System

A new study suggests many more pediatricians would make mental

health screenings an integral part of a child's annual checkup if they received training and support through a proven and powerful method used to improve health care processes and outcomes.

Results of the multidisciplinary study led by Children's National Health System and published in *Pediatrics*, showed [screening](#) rates improved from one percent to 74 percent during the 15-month study. A total of 10 [pediatric practices](#) and 107 individual providers in the Washington, D.C., area voluntarily participated in the study.

"This study is an important first step towards early identification of children with mental health concerns," says Lee S. Beers, M.D., the study's lead author. "If you identify and treat children with mental health concerns earlier, you're going to see better outcomes."

In this country, approximately 13 percent of youth live with a serious mental illness, but only about 20 percent of them get the help they need, according to the DC Collaborative for Mental Health in Pediatric Primary Care.

While many pediatricians agree that early mental health screenings are important, the researchers found that few providers were actually conducting them. In the past, primary care providers have cited a shortage of pediatric mental health providers, a lack of time, insufficient resources and lower reimbursements.

To address the lack of mental [health](#) screenings, researchers decided to test whether the Quality Improvement (QI) Learning Collaborative model, which was pioneered in the mid-1990s to scale and improve [health care services](#), would help study participants integrate screenings into their practices.

The QI Learning Collaborative model takes a more hands-on approach

than the typical "once and done" study, says Beers. Specifically, the participating primary care providers received periodic check-ins, ongoing support, monitoring and technical assistance. "We use rapid cycles of evaluation to see what's working and what's not working, and we keep going," Beers says.

Dr. Beers is optimistic about how well the practices performed, adding the caveat that more information is needed about the burden it could place on already bustling pediatric practices. In addition, she says, "future research will be needed to determine whether identifying [mental health](#) issues also leads to improved access to care and outcomes for pediatric patients."

**More information:** Lee S. Beers et al, Mental Health Screening Quality Improvement Learning Collaborative in Pediatric Primary Care, *Pediatrics* (2017). [DOI: 10.1542/peds.2016-2966](https://doi.org/10.1542/peds.2016-2966)

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